



PNVSW

Notice of Intent (NOI) for Stormwater Discharges from
Large and Small Construction Activities,
NPDES General Permit SCR100000

For official use only

File number: 18-06-03-01C

Permit number: SCR10 6520

Submittal package complete: 9-17-07

Public Notice Start Date (OCRM only): _____

For official use only

Submission of an NOI constitutes notice that the entity identified in Section I intends to be authorized under SCR100000. Instructions on page 4.

Date: 05 / 30 / 2007

Project/ Site Name: Headwater Road

County: Dorchester

Do you want this project to be considered for the Expedited Permitting Program (EPP)? ☐ Yes ☒ No (See instructions.)

I. Project Information

Project Owner/ Operator (Company or person): Greenwood Development Corporation

Permit Contact (if owner is company): John Morgan

Company EIN:

Mailing Address: 140B West Richardson Avenue City: Summerville State: SC Zip: 29483

Phone: (Day) 843 - 851 - 3939 (Mobile) (Fax) 843 - 851 - 3948

Email address (optional): _____

II. Property Information

Approximately 1800 ft North of intersection

A. Site Location (street address, nearest intersection, etc.): of Dorchester Rd. and 17A

City/ Town (if in limits): Summerville Latitude: 32 ° 58 ' 30 " N Longitude: -80 ° 15 ' 00 " W

Tax map # (list all): 151-00-00-033

B. Property Owner (if different from section I above): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: (Day)

III. Site Information

A. Disturbed area (to the nearest tenth of an acre): 3.8 Total area: 3.8

B. Is this project part of a Larger Common Plan for Development or Sale (LCP)? ☒ Yes ☐ No

If yes, what is the previous state permit number? 18 - 06 - 03 - 01 Previous NPDES number: SCR10 0000

LCP/ Overall Development Name: The Ponds

C. Start Date (MM/DD/YYYY): 06 / 15 / 2007 Completion Date: 06 / 15 / 2008

D. Is this site located on Indian Lands? ☐ Yes ☒ No If yes, name of reservation: _____

E. Type of Activity (check all that apply):

☐ Commercial ☐ Residential: Single-family ☒ Linear (Roads, utility lines, etc.) ☐ Other:

☐ Institutional ☐ Residential: Multi-family ☐ Site Preparation (No new impervious) _____

F. Are there any flooding problems downstream or adjacent to this site? ☐ Yes ☒ No

G. Is this NOI being submitted in response to a Notice to Comply issued by S.C. DHEC? ☐ Yes ☒ No

H. Is any part of the property located inside an MS4 or urbanized area? ☐ Yes ☒ No

If yes, list the MS4 operator or urbanized area name: _____

IV. Waterbody Information

A. Nearest receiving waterbody(s): Ashley River Distance to this waterbody (feet): 6200

Next/Nearest named receiving waterbody(s): Ashley River

B. Wetlands/ Waters of the State Wetland Verification # SAC 81-2005-1647-2

	On the site?	If yes, delineated/identified?	Impacts?	Amount of impacts
1. Waters of the U.S./ State	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	.54 Ac Feet
a. Perennial stream(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Ac Feet
b. Intermittent stream(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Ac Feet
c. Ephemeral stream(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Ac Feet
d. Jurisdictional wetlands	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Ac Feet
e. Non-jurisdictional wetlands	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	.54 Ac 470 Feet
f. Other (List):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Ac Feet

2. If yes for impacts in item B.1, has a USACOE permit been applied for or obtained for those impacts?

☐ Yes ☒ No ☐ N/A If yes, list the permit/ application number: _____

C. Impaired Waterbodies

Do stormwater (SW) discharges from the site drain to a watershed that drains to a DHEC WQ monitoring site (WQMS)...

1. Listed on the most current 303(d) List for Impaired Waters? ☐ Yes ☒ No
 - a. If yes for (1), is there an unimpaired WQMS between your site and the impaired WQMS? ☐ Yes ☐ No
 - b. If no for (a), list the waterbody. _____ List the impairment(s). _____
 - c. Will construction SW discharges from your site contain the pollutant(s) of impairment? ☐ Yes ☐ No
 - d. If yes for (c), will use of the selected BMPs ensure that the site's discharges will not contribute to or cause further water quality standard violations? ☐ Yes ☐ No
2. For which a TMDL(s) has been developed? ☐ Yes ☒ No
 - a. If yes for (2), list the waterbody. _____ List the impairment(s). _____
 - b. Has the standard been attained for the impairment(s)? ☐ Yes ☐ No
 - c. If no for (b), will construction SW discharges from your site contain the pollutant of impairment?
☐ Yes ☐ No
 - d. If yes for (c), are your discharges consistent with the assumptions and requirements of the TMDL(s)?
☐ Yes ☐ No
 - e. If no for (d), will use of the selected BMPs ensure that the site's discharges will not contribute to or cause further water quality standard violations? ☐ Yes ☐ No

D. Are S.C. Navigable Waters (SCNW) on the site? ☐ Yes ☒ No If yes, list the SCNW: _____

Will any construction activities cross over or occur in, under, or through the SCNW? ☐ Yes ☐ No

If yes, then describe activity (e.g., road crossing, sub aqueous utility line). _____

Has an SCNW permit been issued for this site? ☐ Yes, for all activities ☐ Yes, for some activities ☐ No

If yes, list permit number and corresponding activities. _____

V. Operator Information

- A. SWPPP Preparer: Kevin E. Shoemaker S.C. Registration #: 21254
Company/ Firm: Thomas and Hutton Engineering Co. S.C. COA #: 19352
Mailing Address: 935 Houston Northcutt Blvd City: Mt. Pleasant State: SC Zip: 29464
Phone: (Day) 843-849-0200 (Mobile) _____ (Fax) 843-849-0203
Email address (optional): _____
- B. Operator of Day-to-Day Site Activities [ODSA] (Company or person): unknown
Site Contact (if ODSA is company): _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: (Day) _____ (Mobile) _____ (Fax) _____

VI. Signatures and Certifications

- A. One copy of the SWPPP, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws of SC, 1976 as amended, pursuant to Regulation 72-300 et seq., and in accordance with the terms and conditions of SCR100000. (This should be person identified in Section V.A.)

Please check one. ☒ Engineer ☐ Tier B Land Surveyor ☐ Landscape Architect

Kevin E. Shoemaker
Printed name of SWPPP Preparer

Kevin E. Shoemaker
Signature of SWPPP Preparer

21254
S.C. Registration #

- B. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I hereby certify that all land-disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the approved plans and SCR100000. I also certify that a responsible person will be assigned to the project for day-to-day control. I hereby grant authorization to the Department of Health and Environmental Control and/or the local implementing agency the right of access to the site at all times for the purpose of on site inspections during the course of construction and to perform maintenance inspections following the completion of the land-disturbing activity. (See Section 122.22 of S.C. Reg. 61-9 for signatory authority information.)

John W. Morgan III
Printed name of Project Owner/Operator

John W. Morgan III
Signature of Project Owner/Operator

Gen. MGR.
THE PONDS
Title/ Position

NPDES CGP Fee Schedule B**(Beaufort, Berkeley, Charleston, Colleton, Dorchester, Georgetown, Horry, and Jasper Counties)**

Please print or type. Do not send payment in window envelope. DO NOT MAIL CASH. This schedule should be attached to DHEC Form 2617. The Department will notify the Project Owner/ Operator if the submitted check or credit card payment cannot be processed. The review clock will start when acceptable payment is received.

1. Is this project located within ½ mile of a receiving waterbody? ☐ Yes ☒ No

If yes, proceed to item 2. If no, proceed to item 3.

2. Will this project or LCP ultimately disturb more than 0.5 acre? ☐ Yes ☐ No

\$ _____.00

a. If yes, then enter \$125 in right-hand column and proceed to item b. If no, then submission of an NOI for NPDES coverage under SCR100000 is not required.

b. Review Fees

\$ _____.00

If this project is owned by S.C. Department of Transportation, then review fees are not initially required*. Proceed to item 4. If this project is exempt from S.C. Reg. 72-300 et seq., specifically 72-302, then review fees are not initially required**. Proceed to item 4. Otherwise, enter review fees of \$100/ disturbed acre (see item III.A of the application) in right-hand column. The review fees cannot exceed \$2000. Proceed to item 4.

3. Will this project or LCP ultimately disturb 1 or more acres? ☒ Yes ☐ No

\$ 125 _____.00

a. If yes, then enter \$125 in right-hand column and proceed to item b. If no, then coverage under SCR100000 is not required.

b. Will this project or LCP ultimately disturb more than 2 acres? ☒ Yes ☐ No

\$ ____ 380 _____.00

If no, then review fees are not initially required**. Proceed to item 4.

If this project is owned by S.C. Department of Transportation, then review fees are not initially required*. Proceed to item 4. If this project is exempt from S.C. Reg. 72-300 et seq., specifically 72-302, then review fees are not initially required**. Proceed to item 4. Otherwise, if yes, enter review fees of \$100/ disturbed acre (from item III.A of the application) in right-hand column. The review fees cannot exceed \$2000.

4. Total Required Fees

\$ ____ 505 _____.00

Add the values in the right-hand column. Maximum required fees are **\$2125**. The Department will not review this project until all required fees are received.

* If the Department will review the project, then the Department will notify the Project Owner/ Operator in writing within 10 business days of receipt of the complete NOI and request review fees.

** If the Department will review the project, then the Department will notify the Project Owner/ Operator in writing within 20 days of receipt of the complete NOI and request review fees.

Payment by Check:

If paying by check, fill out information and attach check below. Make sure check is signed and is not past its presentment date. Make sure the check is for the entire amount of required fees.

STAPLE CHECK HERE

Make check payable to: S.C. DHEC.

Payment by Credit Card:

If paying by credit card, fill out information. Make sure that the authorized signature is complete.

Name as it appears on Card: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

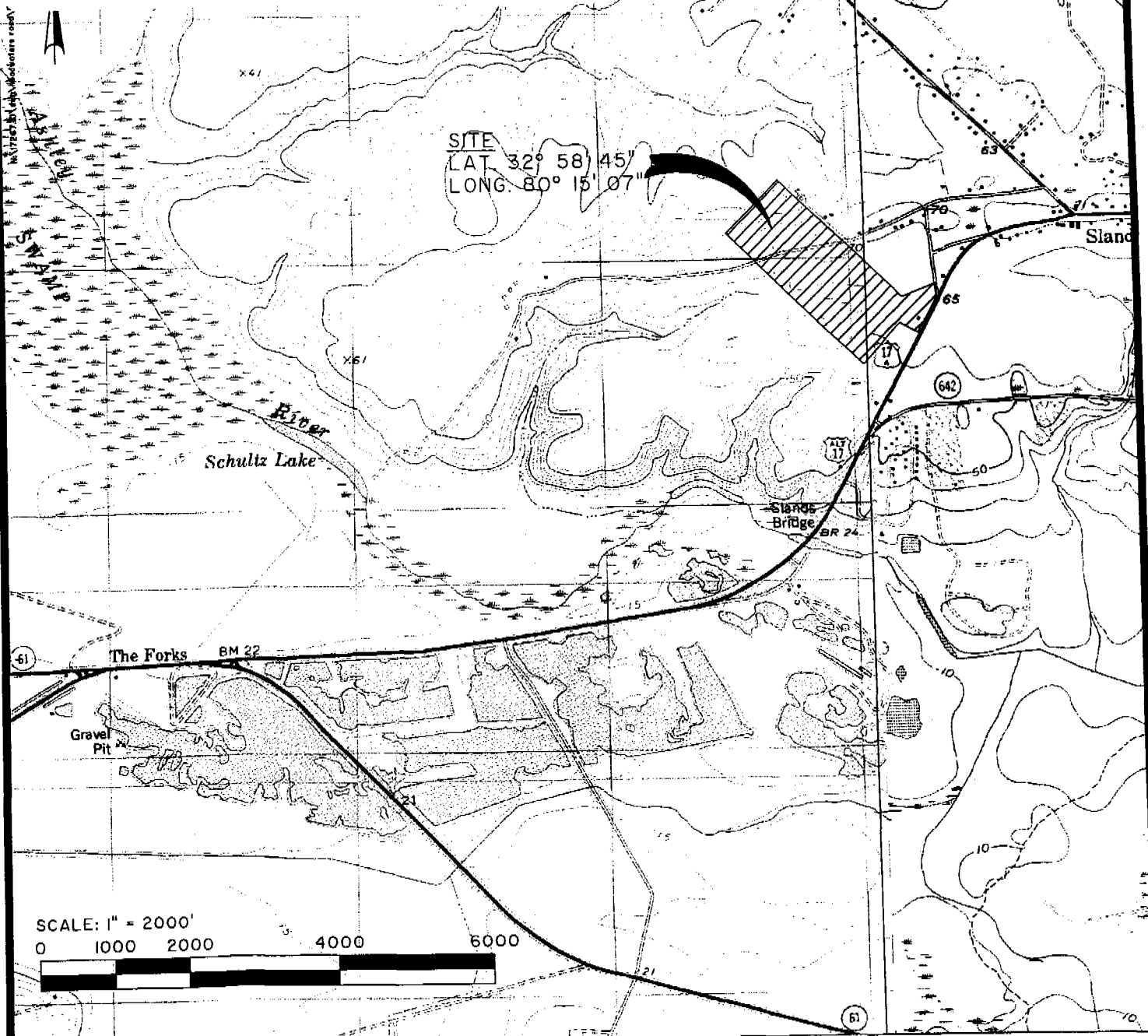
Phone Number: _____ Fax Number: _____

Type of Card: ☐ Visa ☐ MasterCard ☐ Discover Credit Card Number: _____

Authorized Signature: _____ Expiration Date: ____ / ____

For official use only: Invoice Numbers YE _____ YA _____ ZV _____ ZT _____

Quad Name Clubhouse Crossroads EFIS # SCRG520
Project Name Headwater Road
Staff Initials WM Project Type Linear
TMS# 151-00-00-033



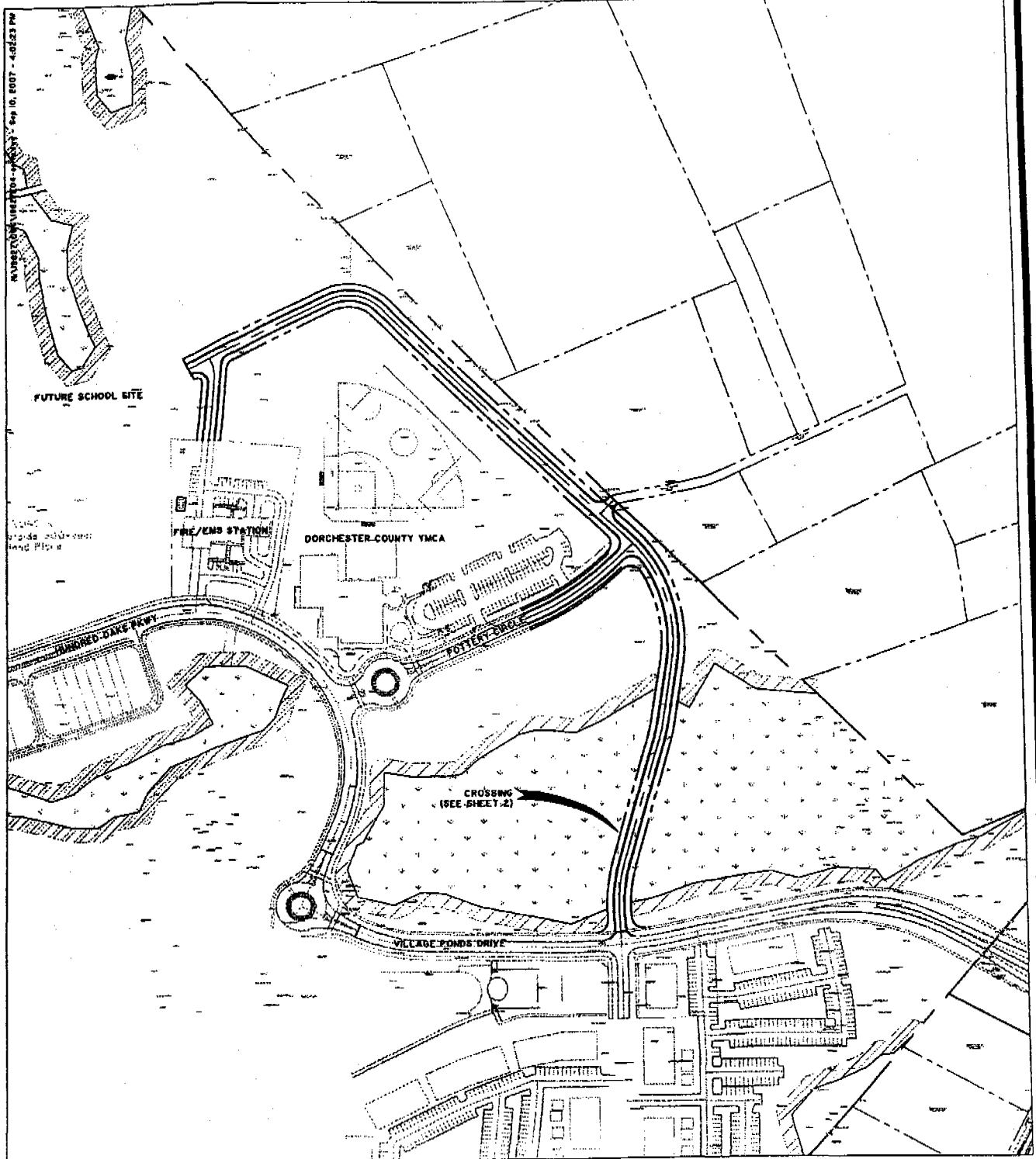
QUADRANGLE MAP PONDS PLANTATION

SHEET 1 OF 1

1 INCH = 2000 FEET

COUNTY:
DORCHESTER
APPLICANT:
GREENWOOD DEVELOPMENT

DATE: JUNE 4, 2007



LOCATION MAP HEADWATER ROAD THE PONDS

SHEET 1 OF 2

1 INCH = 300 FEET

COUNTY:
DORCHESTER
APPLICANT:
GREENWOOD DEVELOPMENT

DATE: SEPTEMBER 10, 2007